Appendices

Appendix 1

S.B. 622-10.1(a)

INFORMATION TECHNOLOGY

SECTION 10.1.(a) To support its information technology initiatives, the Department of Health and Human Services shall develop the following:

(1)   A detailed business plan.

(2)   An information technology plan directly tied to business requirements.

(3)   An IT architecture.

The Department of Health and Human Services shall ensure that the planning documents extend three to five years and include detailed shortfall analyses and associated cost assessments. The Department of Health and Human Services shall forward the documents to the Office of Information Technology Services, the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, and the Fiscal Research Division by December 1, 2005. The Office of Information Technology Services shall review the documents and report its findings and recommendations to the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, and the Fiscal Research Division by January 31, 2006.

Appendix 2

Business Plan Questionnaire

1. Do you have a vision statement? When was it last revised?

2. What is your mission statement? When was it last revised?

3. What demographic trends, economic trends, environmental trends, or other factors will affect your programs and services?

4. How will your programs and service delivery change over the next five years?

5. What are the risks to your service delivery and how are you addressing them?

6. How would you operate differently in an ideal world?

7. Have you experienced obstacles that have prevented your division from delivering a service as desired? If so, please share these examples.

8. What are you doing now to overcome these obstacles?

9. What are the operational and public benefits to making these changes?

10. Please add any other comments that will add to an understanding of your current operations, your plans for the future, and the challenges that you face.

Appendix 3

Summary of Operational Issues

Summary of Operational Issues by Number of Responses

Business Functional Area	Issue Title	Issue Description	Responses
Workforce	Inability to Attract & Retain Qualified Workforce	NC DHHS unable to attract and retain qualified workforce due to noncompetitive salaries and lack of training opportunity to learn new skills.	12
Information Technology	Insufficient Automation of Manual Processes	Lack of automation around very manual processes, including electronic documents, electronic signatures, electronic invoicing, automatic data exchange/report generation, doing business online, EBT, JIT, contracts process, invoicing, renewing licenses etc.	11
Workforce	Not Enough Staff	Workload increased but workforce size simply not large enough to do work in key areas.	8
Management	Need Emphasis on Operational/Process Mgmt	To enhance efficiency and effectiveness of programs and services, there is a need to improve operational processes and standardize functions.	7
Workforce	Lack of Qualified Candidates	There is a shortage of qualified candidates in specialized skill areas (such as RNs, psychiatrists, drug abuse counselors).	7
Information Technology	Need More Data Collaboration	Technical crosswalks not made (ex., DSS case across counties) - Data owners prohibit cross walk of data/information	7
Program-Service Delivery	Seamless Access for Customers	Programmatic applications serving citizens should be built around the recipient of services, not the programs delivering service.	6
Workforce	Insufficient Succession Planning	Insufficient planning for the retirement of leaders/managers.	6
Workforce	Need Increased Skills	Changes in program/service delivery and business environment have created a need for staff with more skills than current staff.	6
Information Technology	Access for Disabled	Information resources and tools need to be accessible to persons with disabilities (visual, hearing, intellectual, physical)	5
Information Technology	Legacy Systems	Existence of legacy systems creates a high risk of loss of support and difficulty enhancing and maintaining systems - the potential to fail to deliver services to the public.	5
Program-Service Delivery	Insufficient Funds to Meet Demands	Growth in demand for services surpasses available funding.	5
Management	Delays Due to State Processes	Initiatives are micro-managed, which results in significant delays or inability to carry out initiatives	5
Information Technology	Field Staff Tools and Access	Need better utilization of automation tools for gathering, analyzing and accessing data and information at the point of need/use.	4
Information Technology	Document Management	Document management to reduce storage space and secure critical vital records, improve processes, improve access to important documents, retention of records and tracking.	4

Business Functional Area	Issue Title	Issue Description	Responses
Information Technology	Lack Systems that Support Core Business	Systems required to support certain core business processes are lacking, sometimes resulting in substantial costs to the department.	4
Buildings and Facilities	Deteriorating Infrastructure	Many of the 900 buildings that NC DHHS occupies are old and outdated.	4
Information Technology	Need Enterprise Approach to IT Delivery	When applications are being developed whose functionality may benefit other divisions, need to assess as enterprise solution and involve all potential stakeholders.	4
Management	Contracts Process	Departmental contracts process not optimized for quick turn-around which inhibits effective enforcement of performance, creates long turnaround on IT contracts and is time consuming while adding little value.	4
Management	Lack of Cross-Organization Coordination	All impacted divisions not at table when initiatives/changes/issues being discussed.	4
Finance	Insufficient Operating Budget	Funds are not allocated on a recurring basis to cover basic operating expenses - that increase annually due to inflation and growth.	4
Workforce	Need for Employees with Multiple Languages	Staff are needed that can speak languages other than English - cultural competencies.	4
Program-Service Delivery	Real-Time Access to Patient Information	Need single electronic medical record for patients.	4
Program-Service Delivery	Use of Geographic Information System	Desire to further utilize GIS to more effectively deliver programs and services.	4
Information Technology	Video Conferencing	Desire to utilize video conferencing to communicate with staff and stakeholders across state for meetings and training.	3
Finance	Real Funding Inflexibility	Restrictions in funding inhibit department/divisions from delivering programs and services in the best way.	3
Program-Service Delivery	Need Controlled Substance Database	Need a database for tracking patient usage of controlled substances.	3
Workforce	Lack of Flexibility in Job Classifications	Managers are not able to create job classifications that they feel best suit their workforce needs, either because of funding limitations or OSP restrictions.	3
Information Technology	Not All Employees Have Access to Electronic Info	Not all staff have access to a computer. This poses difficulties in using IT to deliver information and enabling employees to manage their information.	2
Buildings and Facilities	Spread Out Workforce	Personnel performing similar functions or needing regular access to others in the department are not optimally co-located.	2
Finance	Inflexible Use of Funding Sources	Reluctance to blend funding to accomplish goals or modify program/service delivery because of actual or perceived limitations in funding stream that does not actually prohibit such usage.	2
Finance	Lack of Sustainability of Funding	Divisions often pursue or are encouraged to pursue grants that require the state to fund the effort after the initial pilot.	2
Information Technology	Ad Hoc Management Analysis of Data	Management needs the ability to access existing data for ad hoc analysis.	2
Information Technology	Desktop Mgmt	Unified approach to desktop/LAN management	2
Workforce	State Cannot Compete with County Compensation	Counties offer better compensation for similar positions which makes it difficult for the state to recruit and retain.	2

Business Functional Area	Issue Title	Issue Description	Responses
Workforce	Insufficient Training	Training available for state workforce is insufficient, either resulting in reliance on contractors, under-qualified staff, or loss of staff.	2
Information Technology	Need Business Partnering with IT	Approach of customer service is to give specific customer exactly what they want rather than a consultant model of business partner and an enterprise approach.	2
Program-Service Delivery	Legacy Systems Prevent Service Changes	Managers of programs are frequently unable to make modifications to existing legacy systems necessary to enable improvements.	2
Information Technology	EA Concern	Concerned that specific needs will be lost in enterprise approach to IT solutions	2
Buildings and Facilities	Problems with Leases	Delays experienced in resolving issues with leased property.	1
Management	Proactive Management	Anticipate need to request management information to allow divisions plenty of time to respond to requests.	1
Communications	Feedback	Desire effective feedback mechanisms, formal and informal, internal and external.	1
Communications	Need to Effectively Market Prog/Services	In some instances, the intended beneficiaries of programs and services do not know they exist.	1
Communications	Use Data Better in Communications	Need to be able to present data in formats that can more clearly communicate to constituents.	1
Program-Service Delivery	High Fuel Costs	High cost of fuel affecting program/service delivery	1
Workforce	OSP Value Operational/Mgmt Skill	The current job classification system does not value business, finance, quality and process improvement skills.	1
Information Technology	All Offices for Div not on same Network	The offices for a division are not all on the same network.	1
Program-Service Delivery	Improve Prog/Serv Delivery Through use of Tech	Many opportunities exist for improving program and service delivery with effective utilization of technology i.e., tele-medicine; electronic health records, etc.	1
Finance	Shift of Funding Burden to State	Changes in federal programs are resulting in shifts of funding burden to states.	1
Information Technology	Access to Information for External Partners	Need the ability to provide restricted access to documents and information to defined external partners.	1
Information Technology	Security	Concern that digitized information is vulnerable to hackers accessing it or modifying it.	1
Workforce	Inflexible Employment Rules	Inflexibility in the state's employment laws makes it difficult to implement creative solutions to HR problems	1
Management	Need Just In Time	The department could save space and money by using just in time inventory processes.	1
Finance	Insufficient Reimbursement Rates	The reimbursement rates for Medicaid eligible services are significantly below the cost of providing those services.	1

Summary of Operational Issues

Most Frequently Mentioned Operational Issues for Programmatic Agencies

Business Functional Area	Issue Title
Workforce	Inability to Attract & Retain Qualified Workforce
Information Technology	Insufficient Automation of Manual Processes
Program-Service Delivery	Seamless Access for Customers
Workforce	Insufficient Succession Planning
Workforce	Lack of Qualified Candidates
Information Technology	Need More Data Collaboration
Information Technology	Access for Disabled
Management	Need Emphasis on Operational/Process Mgmt
Program-Service Delivery	Insufficient Funds to Meet Demands

Most Frequently Mentioned Operational Issues for Support Agencies

Business Functional Area	Issue Title
Workforce	Inability to Attract & Retain Qualified Workforce
Information Technology	Insufficient Automation of Manual Processes
Workforce	Not Enough Staff
Workforce	Need Increased Skills
Finance	Insufficient Operating Budget
Management	Delays Due to State Processes
Buildings and Facilities	Spread Out Workforce
Workforce	Insufficient Training
Management	Need Emphasis on Operational/Process Mgmt

Appendix 4

Demographic Influences from Business Plan Questionnaire

Summary by Programmatic Agencies
(CDD, DAAS, DCD, DFS, DMA, DMH/DD/SAS, DPH, DSB, DSDHH, DSS, DVR, OEO, OES, OMHDD, ORHCC)

SUMMARY			
Group	**Trend**	**# Hits**	**Rank**
A	Aging Population	14	1
C	Immigration issues, especially Hispanics who don't speak English	13	2
B	Growth of eligible populations (Aged, Children, Disabled, Poor, etc)	10	3
F	Budget shortfalls / issues	10	3
L	Unemployment / layoffs / plant closings	7	5
E	Cost of care / services increasing	6	6
D	Individuals / families in poverty or minimum wage	5	7
Q	Decrease in providers / unavailability of providers or services	5	7
U	Decrease in rural industries / movement from rural to urban	4	9
G	Natural disasters	3	10
H	Technology advances, including medical technologies	3	10
K	Increase / transition to community services	3	10
M	Multiple disabilities / conditions	3	10
P	Aging Workforce	3	10
S	Aging Facilities / Equipment	3	10
T	Recruitment issues / shortages of nurses and other professions	3	10
I	Rise / Fall in Economy	2	17
R	Federal teaching requirements	2	17
V	Job market skills changing	2	17
W	Growth in uninsured	2	17
X	Increasing HS drop out rates	2	17
J	Increase in single parent families	1	22
N	Unfunded mandates	1	22
O	Obesity and associated health risks	1	22

Division	Demographic Issue	Group
CDD		
	None Enunciated	
DAAS		
	Aging population	**A**
DCD		
	An increase in the number and/or proportion of children and/or overall population of NC	**B**
	A probable increase in NC's Hispanic population	**C**
	The overall aging of NC's population	**A**
	Changes in parents' wages/employment status	**D**
	A possible increase in the state minimum wage will make a difference to low-income parents	**D**
	The cost of care is expected to increase	**E**
	Changes in State/Federal budgets	**F**
	Increasing numbers of serious natural disasters/events	**G**
	Advances in medical technology as well as social/environmental changes	**H**
DFS		
	Changes in reimbursement policies by payors that affect access to care	**E**
	Shifts in population over 65 (>in Assisted living and Home care)	**A**
	Market conditions up or down	**I**
	Flat lined or decreased Medicare and/or Medicaid funding to Agency.	**F**
	Natural or man made disasters affecting health care delivery	**G**
	Increases in jail population	**J**
	Deinstitutionalization of mental health services into community settings	**K**
DMA		
	Downward or upward change in the national, state or local economy	**I**
	Rising cost of health care and malpractice insurance	**E**
	Major industry closings & layoffs	**L**
	Natural disasters	**G**
	The natural aging of our existing population	**A**
	In-migration of retirees to our State	**A**
	Growing number of non-citizens and seasonal/migrant workers	**C**
	Federal trends threaten to increase the financial burden of each State	**F**

DMH/DD/SAS	
A strong consumer voice that continues to grow and drive state policy.	**K**
Increased diversity among consumers indicates need for more linguistic and culturally competent staff.	**C**
Potential decreases in domestic funding at the federal level from such programs as Medicaid, block grants, housing and employment.	**F**
Limitations in funding of community services for MHDDSAS creating increasing demand for inpatient and institution based services.	**F**
Downsizing of state facilities and budget reductions.	**F**
Adjusting to how LMEs use the new formula for allocating bed days for individual patients.	**E**
Increase in unfunded regulatory mandates. Examples - HIPAA Privacy, HIPAA Security, OSHA, CMS, Federal Inpatient Prospective Payment System (IPPS), etc.	**N**
Absence of planned budgetary increases based on population growth and inflationary increases, especially at the community level.	**F**
Rise in the North Carolina population, including growing elderly and Hispanic populations.	**A B C**
Psychiatric hospitals' admission rate and census are affected by population increases, unemployment levels, community capacity, and prevalence of substance abuse.	**BL**
Need to develop programming, linguistic and cultural competencies to address the growing Latino, Asian, aging, and homeless populations.	**C**
Increased influx of children with autism and other developmental disabilities at state facilities.	**B**
Trend for state facilities to serve individuals with most extreme needs (medical and/or behavioral) and an aging population within facilities.	**P**
Increasingly large numbers of individuals with severe and profound developmental disabilities and cognitive impairment who are living longer and more normalized lives.	**B**
Poly-substance dependence is now the norm, rather than the exception, among a larger cross-section of the population who often end up with financial, mental and physical complications.	**M**
Increased numbers of people affected by Alzheimer's Disease (doubled since 1980), aging with developmental disabilities and the increased risk for Alzheimer's Disease among people with Down Syndrome. A percentage of those affected in North Carolina will have significant medical and behavioral support needs that can only be met in a specialized setting and nursing care facilities.	**A M**
Limited resources in community for placement of psychiatric rehabilitation of patients.	**Q**
Un-served and underserved populations and the lack of services being provided in the community setting.	**Q**
LMEs have had difficultly developing community capacity in rural areas.	**Q**
The state of and availability of the workforce in NC that is shifting from traditional manufacturing and possibly to human services.	**U**

DMH		
	An aging workforce at state facilities that impacts the staff's ability to perform physical requirements for their positions (i.e., NCI restraint and seclusion).	**P**
	Major loss of jobs in the furniture/manufacturing industry that potentially provides a larger pool of mature and stable applicants for support services (such as dietary and housekeeping) and direct care.	**L**
	Demand for staff with interpreting skills (Hispanic and Asian).	**C**
	Significant increase in retirees and elderly that increases the demand for health care services (including PT, OT, and speech) at state facilities.	**A**
	Inability of state to offer competitive salaries in relation to the local labor market.	**T**
	A nursing shortage continues to exist along with a highly competitive job market, which impacts ability to recruit/retain quality nursing staff.	**T**
	The aging of and need to replace state facilities.	**S**
	Aging equipment, lack of funding for preventative maintenance, and the need for improvements related to technology hampers productivity and patient care.	**S**
	Rapid advancement in information technology and information systems;	**H**
DPH		
	Population growth	**B**
	Increasing cultural diversity and language issues (Latino, Hmong and Russian growth)	**C**
	Aging population.	**A**
	Economic factors include downward trends in the economy, increases in poverty (NC has 5th fastest growth rate), and increasing numbers of uninsured citizens (17.5% in 2004).	**D**
	North Carolina has a high drop out rate, particularly for African American males.	**X**
	Increasingly, efforts addressing the prevention and control of many chronic disease conditions will focus around alarming increases in obesity and the associated health risks.	**O**
	Core public health funding at the federal level is being reduced. Budget cuts will result in loss of service capacity.	**F**
	Public health's work force is beginning to reach retirement eligibility, which will result in a significant loss of institutional knowledge and experience.	**P**
DSB		
	Increase in aging population and retirees in NC	**A**
	Growth of NC population, people moving here from other states, as well as foreign immigrants	**B C**
	Advances in medical treatment	**H**
	NC moving from a primarily agricultural state to service and technology	**U**
	Increase in rural planning and population	**B**
	A broader awareness of people with disabilities working in a wide array of career fields	**V**
DSDHH		
	Aging population. NC residents with hearing loss will more than double by 2030.	**A**
	Hearing loss is compounded by depression and anxiety and needs are growing in this area.	**M**

DSS		
	Increased poverty	**D**
	An increase in children who have difficulty speaking English / Immigration issues	**C**
	Unemployment	**L**
	High School Dropouts	**X**
	An increase in single parent families	**J**
	Lack of / losing community based MH services, SA programs, and other supportive services	**Q**
	Population growth, especially children	**B**
DVR		
	People with disabilities are an increasingly larger % of the population	**A**
	Significant increases in the Latino and Asian populations in NC	**C**
	Persons with significant disabilities are substantially under-represented in the workforce and unemployment for persons with disabilities remains disproportionately high.	**L**
	Forty-one million Americans are without health insurance. Those still insured are faced with demands for increased cost sharing and limits on health care coverage.	**W**
	Workers are staying in the job market longer.	**A**
	As the baby boomers continue to age, the prevalence of disability in the workplace will continue to rise.	**AB**
	Skills needed to remain competitive in the job market continue to change.	**V**
OEO		
	Population trends such as the movement of low-income families from rural to urban communities	**U**
	Employment trends such as the increase in dislocated workers due to the loss of manufacturing jobs	**L**
	Economic trends such as the rising costs of fuel	**E**
	National downward budget trends in funding for the programs and services overseen	**F**
OES		
	Growth in the Spanish speaking population across NC	**C**
	Federal and state requirements for Highly Qualified Teachers (No Child Left Behind, IDEIA)	**R**
	Recruitment: the increasing need for teachers as more retire and fewer are trained	**T**
	Medical advances, particularly those related to the survival rates of premature babies and new advances in medical treatment of hearing and vision loss	**H**
	Rising cost of transporting students, especially at the residential schools	**E**
	IHE programs for training teachers for low incidence population are experiencing stress in their systems	**R**
	Operating in old, outdated building in need of many repairs	**S**

OMHHD		
	Increase in Latino and other minority/immigrant populations	**C**
	Increase in percentage of people living in poverty	**D**
	Increase in number of Community Based Organizations and Faith based Organizations	**K**
ORHCC		
	Immigration, multilingual issues	**C**
	Aging population	**A**
	Population growth	**B**
	Growth in uninsured	**W**
	Decrease in industry in rural areas	**U**
	Unemployment	**L**
	Decrease in primary medical care providers	**Q**
	Federal budget deficit	**F**

Demographic Influences from Business Plan Questionnaire

Summary by Support Agencies
(B&A, DIRM, HR, OCS, OIA, OOC, OPA, OPC, OPCS, OPP)

Group	Trend	# Hits	Rank
	SUMMARY		
C	Budget cuts, budget deficits, not enough money being spent	7	1
D	Unemployment, growth in uninsured, increase in poverty, plant shutdowns, job loss	5	2
E	Aging of the workforce, increased retirements from workforce	5	2
F	Impact of federal and state regulations on technology, programs and service delivery	5	2
G	Technology advances impacting program and service delivery, need for technology	5	2
B	Immigration	4	6
A	Population Growth	2	7
H	Recruitment difficulties due to increased need for certain occupations and shortages	2	7
L	Rising cost of transporting students, rising fuel costs	2	7
I	Shortage of resources (people, tools) to effect culture change in service delivery	1	10
J	High growth occupations in NC DHHS will create shortages	1	10
K	Trend toward performance based management	1	10
L	Uncertainty of office status	1	10
M	Demand for healthcare services is increasing	1	10
N	Public Health Issues	1	10
0	Outsourcing	1	10
Q	Other economic factors … high growth occupations impact to HHS employment	1	10

OFFICE	DEMOGRAPHIC TRENDS	Group
B&A		
	The effect of economic trends that influence the ability of the state to collect tax revenues has a considerable impact upon division operations. A recessional or static economy reduces the ability of the state to collect additional tax receipts. Inflationary pressure and an expansion in demands for services (often prompted by a recessional economy) creates demand for additional revenue. The net effect is the need to constrain program growth in some areas and reduce program size and scope in other areas. The budgetary impact of these influences creates a substantial burden on work load and a commensurate change in working relations with divisional budget and program offices.	**C**
	Changes in the availability of state appropriations or federal receipts. (e.g., block grant legislation, reduction or expansion items in appropriations bills, etc.) that will require modifications in the operating budget.	**C**
	Changes in federal regulations, APA rules, or special provisions contained in appropriations bills that impact program operations.	**F**
	Population increases as they impact Department services.	**A**
	Public Health issues (Avian flu, mad cow disease, HIV/AIDS, etc.).	**N**
	Redirection of Federal services to the States without sufficient funding or support.	**C**
	The introduction of new programs without adequate funding.	**C**
DIRM		
	Based on recent and anticipated state and federal legislation that affect technology (ex.: HIPAA, Identity Theft), DIRM will be required to alter its service delivery approach.	**F**
	Recent legislation at the state level (ex.: Senate Bill 991, IT Consolidation) will affect how DIRM delivers and manages technology solutions. The department will need to focus on the delivery of services at the enterprise level, maintaining a holistic view to improve our services to our customers and to reduce duplication of service delivery.	**F**
	DIRM will channel efforts toward single entry and access to our services for our customers by providing automation where appropriate and eliminating stovepipe solutions.	**G**
	Recent population trends in North Carolina indicate that DIRM will need to increase its focus in the delivery of multilingual services to meet the needs of our citizens.	**B**
	DIRM will continue to face the complexities of an aging workforce and its effect on delivery of technology solutions to the divisions and offices within NC DHHS.	**E G**
	Increasing focus on information security will continue to affect our service delivery approach in all areas of information technology.	**G**

HR		
	Aging of the workforce	**E**
	Demand and supply of certain occupational groups, such as nursing, and increasing licensing requirements for some professional jobs usually reduces the labor supply, increases wages and makes recruitment more difficult.	**H**
	Other economic factors include DOL projections that health care, medical care, allied health and IT are projected to be high growth occupations which has a direct effect on HHS employment.	**J**
	The absence of competitive funding for compensation programs (salary and benefits) by the legislature will see a continued erosion of state salaries and benefits compared to competitors.	**C**
	HR lacks resources to achieve its goal to shift to provide consultation on organizational development, enhance education offerings, and develop other initiatives.	**I**
OCS		
	Population growth, especially retirements and Hispanic / Latino	**A B E**
	Many programmatic changes such as Medicare-D, Mental Health Reform, Medicaid cuts, refugee services	**F**
	Plant shut downs and layoffs	**D**
OIA		
	None	
OOC		
	Non-Competitive pay of state workers compared to other sectors of the economy	**C**
OPA		
	More reliance on the Internet, email and web for information delivery.	**G**
OPC		
	Economic trends, particularly inflation in labor and material costs.	**C**
OPCS		
	High percentage of workforce near or at retirement eligibility	**E**
	Demand for healthcare services is increasing	**M**
	Outsourcing reduces internal competencies	**O**
	Technology - process automation	**G**
OPP		
	Trend toward performance based management and the importance of measuring outcomes	**K**
	Uncertainty of office status	**L**
	State wages not competitive with other sectors of the economy	**C**

Appendix 5

SWOT Analysis

Management Vision and Control

Strengths	Weaknesses
• Recognized strong leadership from the secretary • Very strong programmatic leadership in agencies • Adoption of performance based management concepts, expectations and practices • Good regulatory and financial compliance infrastructure	• Leadership is vulnerable due to lack of succession planning and potential "brain drain" • Lack of focus on operations • Reactive vs. proactive management focus • Manual process inefficiencies • Much responsibility with little authority • Layered internal and external oversight and review • Too much emphasis on activity instead of value added and outcomes • Federal dollars are pursued even when state matching funds cannot be sustained over time • Inefficient disbursement of staff in multiple locations
Opportunities	**Threats**

• Establish culture of continuous improvement
• Increase programmatic coordination
• Development and utilization of better management tools
   o Program Management Database (PMD)
   o Integration of PMD, Contracts and Monitoring systems
   o Integration of PMD with budget processes
   o Grants coordination
• Increase emphasis on management operational skills as a means to enhance program effectiveness and operational efficiencies
• Establish routine succession planning
• Expand LeadershipDHHS to identify and train future leadership
• Becoming more proactive (i.e., focusing on prevention, disaster planning, cost containment, etc.)
	• Limited resources to compensate management talent
	• Restricted management authority due to internal and external review
	• Cyclical changes in upper management can lead to:
	   o Loss of continued support for positive/effective initiatives
	   o Re-education and delays (exec staff)
	   o Management void (at beginning and end of administration)
	
	• Limits on ability to easily use various data sources for management decisions making

Departmental Information Technology

Strengths	Weaknesses
• Department has a wealth of data available • IT has been deemed critical to business processes and program success • Systems that support federal reporting requirements are available • IT supports accessibility requirements for persons with disabilities • Renewed commitment to customer service	• Inconsistent data standards complicates information sharing • Inability to optimally use electronic data to support executive decisions • Obstructions to taking an enterprise approach to IT, such as redundant and/or duplicative processes and data repositories • Inability to respond quickly to changes due to outmoded equipment and systems
Opportunities	**Threats**
• Shifting focus to IT consolidation and common shared technical infrastructure and technical services • Innovations toward remote computing • Renewed State interest in electronic document management • Federal and local partnerships and support to consolidate common systems (ex. HIS and NC FAST)	• Unforeseen Federal and State mandates that may impact IT • Turnover of knowledgeable IT workforce before transition to new modern environment takes place • Volatile funding support for IT salaries, training, and infrastructure needs

Workforce

Strengths	Weaknesses

• Experienced workforce
• Strong program expertise
• Commitment to serve public
	• Weak operational leadership
	  o Process analysis
	  o Lack of operational skills and particular expertise
	  o Don't have analytical skills to best use data
	• Inability to recruit, retain, and reward highly qualified personnel
	• Reluctance to dismiss non-performers due to outdated and cumbersome HR/OSP processes
	• Aging workforce retiring
	• Lack of enterprise approach to HR – management by exceptions instead
	• Tendency toward acceptance of status quo rather than pushing for change
	• Emphasis on equity results in inequity

Opportunities	**Threats**

• Redefine workforce needs through a department wide succession plan
• Implement prompt human capital changes
  o Hiring
  o Transfers
  o Increases
  o Reclassifications
• Implementation of HRIS
• LeadershipDHHS
• Succession planning for the department
	• Lack of availability in market of certain skill sets
	• Inability to do personal services contracts for particular expertise/skills
	• Imposed qualifications from fund sources (fund restrictions) NOT CLEAR
	• External review and control over workforce decisions
	• Classification system doesn't value operational/management skills
	• Accelerating retirements due to aging workforce creating management voids

Program & Service Delivery

Strengths	Weaknesses
• Scope of services available to populations served • New emphasis on prevention • Adoption of evidence based practices, cost containment and avoidance, emphasis on prevention, consumer choice and other initiatives • Implementation of performance management practices • Better management of service delivery via performance based contracting initiatives • Wider sharing of program and service information via the Program Management Database (PMD)	• Available services do not always reach all possible intended beneficiaries • Cost containment efforts offset by program growth • Services for same intended beneficiaries reside in multiple divisions • Difficult to collect accurate race information
Opportunities	**Threats**

• Electronic delivery of programs and services. Examples:
   o Tele-medicine
   o Case management
   o Document management
   o E-health records
   o Better utilization of Geographic Information System (GIS) technology
   o Improvements in assistive technologies
• Better Outreach/Marketing of programs and services
• Data sharing on clients may lead to better coordination and efficiency on programs/services (NC Fast)
• Program Review process may lead to improved program and service design and delivery and better outcomes
	• Regulatory requirements limit flexibility in program design
	• Projected program growth not accompanied by increased revenues or human resources

Budget and Finance

Strengths	Weaknesses
• Track funds accurately according to codes, standards, and accounts • Good financial controls • Ensure compliance with funding requirements	• Perceived inflexibility of how funding can be used • Lack of financial analytical skills makes cost containment and financial analysis difficult • Lack of transparency in financial information (due to outdated state budget structure and system) makes it very difficult to determine where money is going and for what purpose • Lack of sufficient staff—particularly in the Office of the Internal Auditor—to operate in proactive mode
Opportunities	**Threats**
• Results based budgeting • Clarify restrictions of funding flexibility • Linking financial/budgeting reporting requirements to the PMD	• External agencies make decisions on limited information because of lack of transparency in financial information • State does not utilize an inflationary factor to cover standard operating costs (such as for utilities, IT maintenance, growth in facility populations, etc.)

Communications

Strengths	Weaknesses

• Strong community networks, for example:
   o CCNC
   o County partners (health depts., social services, etc.)
   o LMEs
   o Other regional offices
 • CARE-line
 • Emergency response network and emergency operations center
 • Availability of enterprise calendar and e-mail is nearly universal
	• Inability or unwillingness to share information
	   o Lack of standards of usage of information tools (i.e., calendar and e-mail)
	   o Often ineffective internal communications
	 • Good works often go unnoticed
	 • Some staff within NC DHHS do not have access to electronic communications
	 • Websites not user friendly
	 • Failure to utilize complaint information to improve problem areas
	 • Don't use all communications channels available (pod casting, infomercials, videoconferencing)

Opportunities	**Threats**

• Clarify roles and responsibilities around types of communications, i.e.:
   o Marketing/Outreach
   o Public Relations
   o Internal Communications
 • Be more proactive in shaping our public image
 • Use CARE-LINE data and other complaint desk information for early detection analysis, complaint resolution and process improvement
 • Website redesign
 • Kiosks for NC DHHS staff who do not have access to computers
	• Perceived image—in the public, General Assembly and other stakeholders and partners
	 • Failure to identify ways to improve internal communications

Buildings & Facilities

Strengths	Weaknesses

• Recognized strong facilities management expertise
• Statewide locations which facilitate consumers' access
	• Scope of renovations and repairs required to support existing infrastructure exceeds state's funding
	• Crowded locations
	• Inefficient disbursement of staff
	• Old buildings:
	  o Out of date designs do not support today's operations
	  o Environmental quality issues
	  o Aesthetically challenged

Opportunities	**Threats**

• Construct new, state-of-the-art hospital(s)
• Opportunity for new, more centralized NC DHHS office building depending on disposition of Dix campus
• New state lab and medical examiner facility
	• Vital records and other records inappropriately stored and security/safety jeopardized
	• Layered oversight and review
	  o Funding dictated to project level
	  o Minor changes in spending plan for COPs requires review by numerous state agencies
	  o State process for leases not optimal